

Scenes of Compassion

A Guide for Dealing with Emergency Scene Emotional Crisis

by

***Tim W. Dietz, MA, LPC
Capt., EMT-P (retired)
CEO, Behavioral Wellness Resources
tim@responderbewell.com
www.responderbewell.com
503-519-3933***

“Scenes of Compassion”

A Responder’s guide for Dealing with Emergency Scene Emotional Crisis.

No one likes to deal with death and dying, but unfortunately, it does play a role and has an impact in all of our lives. With an understanding and a little compassion on the part of emergency responders, the grief process can be facilitated for the surviving family members as well as the responders themselves.

This course will provide emergency workers an understanding of the profound effect they and their employees have on significant others during and after an emergency incident. By learning simple actions and caring words, we can greatly ease the stress inflicted on, and leave a supportive impression to those involved.

When encountering emotionally charged family members during a crisis situation, it is helpful to have a basic understanding of the normal range of behaviors.

Overview of Normal Range of Behaviors Prior to and During Crisis.

(Emergency Response to Crisis, Jeff Mitchell, E.L. Resnick)

The Steady State

The “balance” between the mental systems of thoughts and emotions.

What is Crisis?

Any serious interruption in this equilibrium or “balance.”

Characteristics of All Crisis

- * They are sudden
- * Individual not adequately prepared
- * Short in duration
- * May produce dangerous, self-destructive, unacceptable behavior

The Victims Response to Crisis

High anxiety/shock * Denial * Anger * Remorse * Grief * Reconciliation

Emergency service personnel need a working knowledge of the effects of severe stress and crisis on the average person. Without this knowledge they are prone to underestimate their critical role in managing crisis. The assistance provided by emergency service personnel has deep and lasting effects upon the victims.

Assistance provided by public safety personnel during the first hours of the crisis is often more significant in terms of the overall crisis than much of the help that is provide later by hospital staff and counselors.

Emergency workers usually encounter victims in the field during the first three phases of the crisis reaction. The three phases when the victims are most receptive to assistance.

Stresses and Responsibilities of Emergency Workers

The Most traumatic moment in peoples lifetime is the death notification. Everything heard, or seen is “PERMANENTLY IMPRINTED”

Questions like: Did they suffer? Were their eye's open? Was it fast? etc., are critical to the family and should be answered.

Two roads emergency workers can take:

1. Callused; Not talking about it - keeping everyone away.
2. Compassion; But first, responders need to have good relationship outside of work for themselves.

What We Can Do

- * Take Care of Ourselves
Do our own grief work so we can see another's. Otherwise their loss functions as a mirror of our own.
- * Convey Caring
We can't ease the pain but we can imprint a memory of caring beside it.
- * “Dose Out” the bad news
- * Be Truthful
- * Give Permission to Grieve
Validate the loss, encourage the expression of feelings and participation in closure.
- * Offer Continuing Support
Assess needs.
Chaplains programs/trained emergency workers.
Community Services Programs

WHAT NOT TO SAY

“A good death notification and nothing changes. . . . a bad notification and everything changes”. Parent of murdered child

“I know how you feel”....Unless you’ve been there...

“I understand”....if you don’t...

“You shouldn’t feel that way”...

“You so strong”...

“You must get on with your life”...

“You’ll get over it”..

“If you only had....”

“Your anguish won’t bring them back”...

“They led a good life”...

“Don’t question God’s will”...

“You’ll find someone else”...

“Be thankful you have other children”...

“It would have been worse if....”

Dealing with Difficult Situations;

Families who are able to spend time with the body or dying person at the point of death do better emotionally in the long run.

Significant Others seem to have four “internal” human needs when at an emergency scene where a loved one has died:

- 1) Say goodbye to their loved one where the death took place**
- 2) Be with their loved one before they get cold**
- 3) Have their loved one look comfortable**
- 4) reconcile any differences they had in life.**

When dealing with mutilated bodies, families need to be given the choice. Tell the family what they are going to see prior...and let them make the choice....or...have friend look and decide.

“You always imaging them (the loved one) to look worse than they really are” (When not allowed to see the body)

Parent of deceased child

When not to let family into a scene

- Mass Casualty Situations
- Extrication
- Get in the way-hamper patient care
- Dangerous environment

WHAT TO SAY/DO

- **“I’m sorry”**
- **OK to share that it’s hard for you.**
- **Let touch convey caring.**
- **Ask to hear about their loved one, i.e. Hear their story.**

All emergency workers are encouraged to improve existing methods of caring for significant others, that reflect a concern for the surviving family members. By working together, we can avoid many of the problems that were discussed in this course.